

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Yoshifumi TANIMOTO
Serial No: 10/045,698
Confirmation No.: 9845
Filed: January 10, 2002
For: Relay Server, Communication System
and Facsimile System

Art Unit: 2157
Examiner: Burgess, Barbara N.

I hereby certify that this correspondence
is being transmitted via electronic filing
on the date indicated below to:

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

March 9, 2007

Date of Deposit

Juanita Soberanis

Name

Juanita Soberanis

Signature

3/9/2007

Date

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Reply and Request for Reconsideration under 37 CFR 1.116.
☒ Transmittal of Verified Translation of Priority Documents (JP 2001-007049; and JP 2001-007876).
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	21	-	21	**	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	4	-	5	***	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
Independent Claims: 1, 2, 8 and 17						TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$___ to cover the additional claims fee to Deposit Account No. 50-1314.
☐ Please charge the amount of \$___ to cover the extension fee to Deposit Account No. 50-1314.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Troy M. Schmelzer
Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: March 9, 2007

1999 Avenue of the Stars, Suite 1400
Los Angeles, California 90067
Telephone: 310-785-4600
Facsimile: 310-785-4601